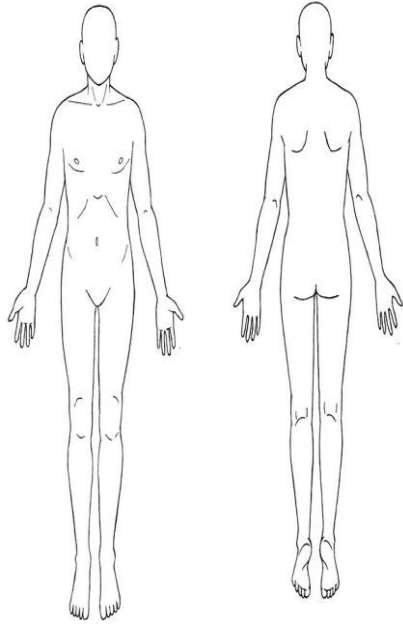


Medical Questionnaire

Date 20 / /

Name			Birth	Age:			
Gender	male ▪ female			Y	M	D	
Address	(〒 -)						
Home Tel.			Mobile				
Nationality			Language	Japanese-English-Chinese-Korean-Tagalog ()			
Occupation	Specialist ▪ Management ▪ Finance ▪ Clerk ▪ Service ▪ Sales - Others ()						
Heard about us	Signboards, family and acquaintances, Internet (Homepage ▪ YouTube ▪ Twitter ▪ Facebook ▪ Instagram) Others						
Since when							
Affected Region	Please circle the concerned areas in this figure ⇒⇒⇒						
★ Please circle anything applicable to you below							
Dermatology	Eczema ▪ athlete's foot ▪ urticaria ▪ rash ▪ calluses ▪ clavus crusted impetigo ▪ heat rash ▪ diaper rash ▪ warts ▪ moles sunburn ▪ foreign objects on skin ▪ ingrown nails ▪ burns acne ▪ insect bites ▪ atopic dermatitis ▪ herpes zoster herpes labialis ▪ hair loss - piercing (one/two) Others ()						
Cosmetic	Acne ▪ Dark spots ▪ Wrinkles ▪ Unwanted hair ▪ Sagginess Anti-aging injections ▪ Body contouring therapies						
Pain Clinic	Back pain ▪ Stiff neck ▪ Knee pain ▪ shingles Other()						
Symptoms	Swelling ▪ Itching ▪ Numbness ▪ Pain ▪ Redness Other()						
Physical Status	Good - Normal - Bad						
Present illness	No ▪ Yes ()						
If applicable							
Medication	No ▪ Yes (Medicine name :) ↳ Please bring your prescription to our clinic						
Hospitalization	No History ▪ Hospitalized before						
Surgery	No History ▪ Yes						
Allergies	No ▪ Uncertain ▪ Yes ()						
Drug Allergy	No ▪ Yes (Name :)						
Body weight	(kg) * Be sure to write down for infants						
* For Females							
Pregnant	Yes ▪ No ▪ Uncertain						
Breastfeeding	Yes ▪ No						
Menstruation	Regular ▪ Irregular ▪ Postmenopausal						
Children	Yes ▪ No						
Please write down any other concern here:							